

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5810

CERTIFICATE OF DEATH

REGISTRAR'S NO. 8143

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE 1238	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>Life</u> IN ARIZONA <u>Life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Maricopa County Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>205 E. Madison</u>			
DECEDENT PERSONAL DATA 150	3. NAME OF DECEASED (TYPE OR PRINT) <u>Henry Clay Morrell</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH <u>8</u> DAY <u>2</u> YEAR <u>04</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>50</u>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Laborer</u>					
CAUSE OF DEATH (ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY <u>Cty. Hiway</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>		13. SOCIAL SECURITY NO. <u></u>			
	14A. FATHER'S NAME <u>Henry Clay Morrell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>		15A. MOTHER'S MAIDEN NAME <u>Ella Murphy</u>	
OPERATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE <u>George Morrell</u>		ADDRESS <u>101 W. Illini St.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 23 1954</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. Lobar pneumonia</u> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. <u></u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Lobar pneumonia</u> DUE TO (B) <u></u> DUE TO (C) <u></u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Portal cirrhosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>	
	19A. DATE OF OPERATION <u></u>		19B. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10-24-54</u> 19 <u>54</u> THAT I LAST SAW THE DECEASED <u>ALIVE ON</u> <u>10-24-54</u> AND THAT DEATH OCCURRED AT <u>3:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <u>Quinn Condon</u>		22B. ADDRESS <u>Phoenix</u>		22C. DATE SIGNED <u>10-28-54</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u></u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u></u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Phoenix Arizona</u>	
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u></u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u></u>	
	24A. CORONER'S SIGNATURE <u>Alfred Flood</u>		24B. ADDRESS <u>West Phoenix</u>		24C. DATE SIGNED <u>10-28-54</u>	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <u></u>		25B. DATE <u>10/27/54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	
FUNERAL DIRECTOR AND REGISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>10/26/54</u>		26B. REGISTRAR'S SIGNATURE <u>Burke Johnston</u>	
	26C. DATE REC. BY LOCAL REG. <u>10/26/54</u>		26D. REGISTRAR'S SIGNATURE <u>L.M. Mortensen</u>		26E. FUNERAL DIRECTOR'S SIGNATURE <u></u>	
	26F. ADDRESS <u>Phoenix, Arizona</u>					